



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-002255																			
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____		In re Application of Jun KOYAMA et al.																			
		Application Number 09/774,888 Filed 02/01/2001																			
		For SEMICONDUCTOR DEVICE INCLUDING NONVOLATILE MEMORY ARRAY																			
Group Art Unit 2814		Examiner Howard Weiss																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)*</td><td>\$900.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$ _____</td></tr></table> <p>*First Month Filed 08/15/05</p> <table><tr><td><input type="checkbox"/> Applicant claims small entity status.</td><td>10/14/2005 SZEWDIE1 00000150 192380 09774888</td></tr><tr><td><input type="checkbox"/> A check to cover the fee is enclosed.</td><td>02 FC:1253 900.00 DA</td></tr><tr><td colspan="2"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td></tr><tr><td colspan="2"><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.</td></tr></table> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>_____ Signature Luan C. Do - Reg. No. 38,434 Typed or printed name</p> <p>_____ October 13, 2005 Date 202-585-8000 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)*	\$900.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.	10/14/2005 SZEWDIE1 00000150 192380 09774888	<input type="checkbox"/> A check to cover the fee is enclosed.	02 FC:1253 900.00 DA	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.	
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